No. de Cuenta 3731 982108 82008

Nombre del Tarjetahabiente
04/88 THRU 03/90 84 AX
ROBERT L MANGAN

AMERICAN EXPRESS MR

CLAVE AUTORIZACION

Tipo de Cargos Atrasados

Importe de Cargos Atrasados

Total Revisado

Datos del Establecimiento
935 011 546 0
97512 45C9 4DC
CALINDA GENEVE
MEXICO 6 DF

051588

Mercancías/Servicios

Impuestos

Propinas/Misc.

La mercancía que esta nota de retiro no podrá devolverse al establecimiento vendedor a cambio de dinero.

Debo y pagaré incondicionalmente a la vista a la orden de American Express Company (México), S.A. de C.V. o American Express Travel Related Services Company, Inc. o cualquiera de sus representantes autorizados en sus oficinas, el importe de este título y los demás cargos que del mismo se deriven.

Plan Amex de pagos diferidos: de ser aplicable anote el No. de mensualidades a pagar
3 6 MESES

Firma Tarjetahabiente
X

Total

Reg. de I.V.A. 81400
Reg. Fed. Causantes AEC-810901-298
Pagaré No.
11970191

Tarjeta American Express

Nota de Cargo

Copia para el Tarjetahabiente

Cardmember Acct. No.
3731 982108 82008

Cardmember
04/88 THRU 03/90 84 AX
ROBERT L MANGAN

Expiration Date Checked

Approval Code

Check or Bill No.

Service Establishment
HOTEL COROBICI
934 011 049 4AX
COSTA RICA

Date of Charge
120588

Merchandise/Services
15173 20

Taxes

Tips/Misc.

Total
15173 20

Any delayed charges are listed below

Type of Delayed Chg.

Amt. of Delayed Chg.

Revised Total

Amexco Use Only

Equivalent Amount

Establishment agrees to transmit to American Express Travel Related Services Co., Inc. or Authorized Representative for payment. Merchandise and/or service purchased on this card shall not be resold or returned for cash refund.

Cardmember Signature
X

Invoice Number
051377

AMERICAN EXPRESS Cards

Please Print Firmly
Cardmember Copy

Record of Charge

CD 20249 Rev. (5/86) Printed in USA 10/87

Expense Record

Entertainment

Type	Date	No. of Persons	Business Purpose

Guests

Name	Title or Position	Company

Travel

Type	Date	No. of Persons	Business Purpose

Allocation

Business	Personal	*Reimbursed*

Additional Comments

Reminder: Always obtain itemized bill for lodgings if more than one expense included.

Registro de Gastos

to
resentación

Tipo	Fecha	Núm. de Personas	Objeto Gasto Representación

dos

Nombre	Título y Puesto	Empresa

Tipo	Fecha	Núm. de Personas	Objeto del gasto

bución

Gasto Empresa	Gasto Personal	Reembolsado

Comentarios Adicionales

Recordatorio Obtenga siempre cuenta detallada por hospedaje si esta ampara más de un gasto.

TRAVEL VOUCHER

SECTION A - IDENTIFICATION

SOCIAL SECURITY NUMBER	NAME (Last)	(First)	(Middle Initial)
223 62 4175	Mangan	Robert	L.

AGENCY NUMBER	PURPOSE OF TRAVEL CODE	DATES FOR TRAVEL EXPENSES FROM MONTH	FROM DAY	FROM YEAR	THRU MONTH	THRU DAY	THRU YEAR	TYPE CLAIM (Indicate one type only)	RECLAIM AMOUNT INCLUDED
03	1	05	09	88	05	18	88	2	$

AD - 202 NUMBER: 8-C-4050-015

1-DOMESTIC TRAVEL - 48 | 2-FOREIGN TRAVEL | 3-TRANSFER - HOUSEHUNT. | 4-TRANSFER - OTHER | 5-MULTIPLE-PERSON TRAVEL | 6-DOMESTIC TRAVEL - OTHER

ORGANIZATION	OFFICIAL DUTY STATION (City and State)	RESIDENT CITY AND STATE (If other than Official Duty Station)
USDA, ARS, SPA	Tuxtla Gutierrez, Mexico	

SECTION B - TRANSPORTATION COSTS

	GTR NUMBER	AMOUNT	VENDOR	NUMBER OF TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1		$					
2							
3							
4							

TOTAL - SECTION B $

IMPORTANT: ATTACH UNUSED TICKETS TO FRONT OF VOUCHER

SECTION C - ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE

A (10)	B (5)	C (3)	D (4)	E (1 4 1 2)	CLAIM AMOUNT
8014050020					$ 1,135 64

(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM) **TOTAL CLAIM AMOUNT ▶** $ 1,135 64

SECTION E - CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account works a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 USC 287; LD. 1001).

CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. I have reviewed this voucher and certify it to be correct. Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the travel voucher.

CLAIMANT'S SIGNATURE AND DATE: 6/20/88

PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93—579). The information requested on this form is required under the provisions of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 101—7). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.

APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. In approving this voucher, I have determined that:

(1) Reimbursement is claimed for official travel only.

(2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage.

(3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. NOTE: To approve long distance phone calls, approving officer must have written authorization from Agency Head or his designee (31 USC 680a).

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or Print): Robert L. Mangan, Research Leader

DATE	PHONE (Area Code and Number)	FTS	COMM
6/20/88	011-52-961-335-50		XX

TRAVEL AUTHORIZATION. Check One:

[XX] AD - 202 Attached [ ] AD - 202 Submitted Previously

MAILING ADDRESS OF CHECK

[XX] SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS

NON-GOVERNMENT TRAVELER OR NEW HIRE T&A CONTACT POINT | ACCOUNTING STATION

[ ] SPECIAL ADDRESS (For use by supplemental travelers, new hires, or travelers on extended detail.)

[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION D - CLAIMS

			NFC USE
1 PER DIEM — NO. DAYS 9.25	$ 663	50	
2 MILEAGE — TOTAL MILES			
3 OTHER TRAVEL			
4 CAR RENTAL (Paid by Traveler)			
5 COMMON CARRIER TRANSPORTATION	472	14	
6 ACTUAL SUBSISTENCE — NO. DAYS			
7 MISCELLANEOUS EXPENSES			
8 REAL ESTATE EXPENSE (Form AD - 424)			
9 TEMPORARY QUARTERS (Form AD - 569)			
10 **TOTAL CLAIM** (Lines 1 through 9)	$ 1,135	64	
11 TRAVEL ADVANCE AMOUNT OUTSTANDING	2,000	00	
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUT-STANDING ADVANCE (Line 11)	1,135	64	
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)	-0-		
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 × Line 13))	864	36	
15 **NET TO TRAVELER** (Line 10 minus Line 12)	$ -0-		

TOTAL DIFFERENCE

AUDITED BY ((Examiner's Initials)

NOTICE: Upon completion and approval, submit original voucher to: ▶ USDA, National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

FORM AD - 616 USDA (Rev. 4/84) (Approved Comp. Gen. 9/72)

EXCEPTION TO SF 1012 APPROVED BY OIRM 5-83

TRAVELER'S NAME: Robert L. Mangan

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

			MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	TOTALS
	DATES ▶		05	09	05	10	05	11	05	17	05	18								
ITINERARY	FROM	CITY AND STATE	Tuxtla MX		MexCity MX		Thru 05/16		SanJose C. Rica		Mex City MX									TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD - 617)
		TIME (AM or PM)	10:55AM		6:30 AM		TDY in		10:30AM		9:15 AM									
		CARRIER	MX		MX		San Jose		MX		MX									
		FLIGHT NUMBER	210		111		C. Rica		908		211									
	TO	CITY AND STATE	MexCity MX		SanJose C. Rica				MexCity MX		Tuxtla MX									
		TIME (AM or PM)	11:55 AM		10:15 AM				2:05 PM		10:25 AM									
1 PER DIEM	PER DIEM DAYS																			1 TOTAL NO. DAYS 9.25
	LODGING AMOUNT		See attached sheet for per diem computation																	
		TOTAL LODGING COST	LODGING NIGHTS		AVERAGE COST		ROUND TO NEXT $		FIXED RATE		PER DIEM RATE		PER DIEM DAYS		TOTAL PER DIEM		LESS MEALS FURNISHED BY GOVERNMENT			TOTAL PER DIEM CLAIM
	COMPUTATION		÷		=		/		+		=		×		=		—			=$ 663 50
2 POV	MILEAGE																			2 TOTAL # MILES
	CENTS PER MILE																			TOTAL MILEAGE AMOUNT $
	AMOUNT																			
3 OTHER TRAVEL	PARKING, TOLLS, ETC.																			3 TOTAL OTHER TRAVEL $
	STORAGE OF HOUSEHOLD GOODS		TOTAL WEIGHT OF GOODS		ACTUAL CHARGES $				COMMUTED RATE $		CLAIM LESSER AMOUNT									
4 CAR RENTAL (Receipt and Car Rental Agreement Required)																				4 TOTAL CAR RENTAL $
5 COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)	152.58		306.06															
	TAXI, LIMO, LOCAL BUS, SUBWAY	NO. TRIPS	1		1						1									
		DAILY EXPENSE	4.50		4.50						4.50									5 TOTAL COMMON CARRIER $ 472 14
	TRANSPORTATION OF HOUSEHOLD GOODS - PAID BY TRAVELER (Weight Certificate or Bill of Lading Required)		TOTAL WEIGHT OF GOODS SHIPPED		× $ COMMUTED RATE				= $ TOTAL				+ ADDITIONAL ALLOWANCES		= $ TOTAL TRANSPORTATION OF HOUSEHOLD GOODS					
6 ACTUAL SUBSISTENCE	BREAKFAST (Include Tips)																			
	LUNCH (Include Tips)																			
	DINNER (Include Tips)																			
	LODGING (Receipt Required)																			6 TOTAL NO. DAYS
	TIPS (Porter, etc.)																			
	OTHER (Laundry, etc. (Please Specify))																			TOTAL ACTUAL SUBSISTENCE $
	TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1-A.)																			
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)																				7 TOTAL MISC. $

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

Foreign currency exchange rate 2,270 pesos = 1 U.S. dollar.

NAME: Robert L. Mangan SS# 223-62-4175

TRAVEL DATES: From 05/09/88 To 05/18/88

DATE	PER DIEM CITY	LODGING COSTS	M&IE		COMPUTATION		TOTAL AMOUNT
05/09/88	Other Mexico		38.00	x	.25	=	$ 9.50
05/09/88	Mexico City		74.00	x	.5	=	37.00
05/10/88	" "		74.00	x	.5	=	37.00
05/10/88	Costa Rica		44.00*	x	.5	=	22.00
05/11/88	" "		44.00*	x	1.0	=	44.00
05/12/88	" "		44.00*	x	1.0	=	44.00
05/13/88	" "		88.00	x	1.0	=	88.00
05/14/88	" "		88.00	x	1.0	=	88.00
05/15/88	" "		88.00	x	1.0	=	88.00
05/16/88	" "		88.00	x	1.0	=	88.00
05/17/88	" "		88.00	x	.5	=	44.00
05/17/88	Mexico City		74.00	x	.5	=	37.00
05/18/88	Mexico City		74.00	x	.5	=	37.00
			TOTALS:		9.25	=	$663.50
					Days		Amount

* One half of full per diem rate claimed - - No lodging cost incurred.

NAME	ESTABLISHED WORK WEEK AND HOURS	YEAR	PAY PERIOD NUMBER	AGENCY	STATE	TOWN	UNIT	TIMEKEEPR.	GS	WG	OTHER	FT	PT	INT	1ST 40	STATUS CHANGE START	STATUS CHANGE END	SOCIAL SECURITY NUMBER	PRINT TYPE	REV. CODE	FORM AD-321-3 (REV. 10/84)USDA
H MANGAN, R.L.	FLEXITOUR	88	15	03	81	4050	01	01	1			1						223 62 4175			321

EARNING STMT	ADV. LV. CODE	OATH OF OFFICE	FINAL	ACTION CODE	NEW CONTACT POINT	CONT.	STANDBY/AUO 1ST WK HRS	STANDBY/AUO 2ND WK HRS	STANDBY/AUO PERCENT	ACCT. DATA CODE	DAYS IN PAY STAT. THIS PP	CORRECTED OR SUPPL. T&A	COMPRESSED SCHEDULE
										2			

FROM 07/17 TIME IN PAY STATUS (HOURS) 07/30 TO

	1 SUN	2 MON	3 TUE	4 WED	5 THU	6 FRI	7 SAT	8 SUN	9 MON	10 TUE	11 WED	12 THU	13 FRI	14 SAT
3		8	8	8	8	8			8	8	8	8	8	
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14 TOTALS		8	8	8	8	8			8	8	8	8	8	

OTHER TIME (HOURS)

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
15														
16														
17 TOTAL OTHER TIME														

CLOCK HOURS ABSENT OR PREMIUM PAY (USE MILITARY TIME)

FR														
TO														
FR														
TO														

TRANSACTION (1) PREFIX	TRANSACTION (2) CODE	(3) SHIFT SUF FIX	1ST WEEK (4) HOURS	1ST WEEK (5) FRAC	2ND WEEK (6) HOURS	2ND WEEK (7) FRAC	ACCOUNTING DATA (8) APPRN	(9) A	(10) B	(11) C	(12) D	(13) E	(14) F	(15) DELETE
	01		40		40									1
	01		80											

◄ TOTAL TIME WITH PAY

◄ TOTAL OTHER TIME

	BROUGHT FORWARD	ACCRUED	AVAILABLE	USED	BALANCE TO DATE
ANN 61	385½	06	391½	0	391 2
SICK 62	561	4	565	0	565
COMP 64					
LWOP 71					
AWOL 72					
SUSP 73					
MIL REG 65		◄ NO. OF DAYS ►			
MIL EMER 68					
OTHER 66					

CERTIFICATION THAT LEAVE CHARGED THIS PERIOD (AND/OR_____HOURS LEAVE CHARGED IN PRIOR PAY PERIOD(S)) IS CORRECT AND THAT LEAVE CHARGED WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING LEAVE.

CERTIFIED CORRECT: ALL REGULAR TIME, LEAVE, OVERTIME, NIGHT DIFFERENTIAL, AND HOLIDAY TIME WAS WORKED AND APPROVED ACCORDING TO LAW & REGULATIONS.

TIMEKEEPER'S INITIALS	EMPLOYEE'S INITIALS	SUPERVISOR'S SIGNATURE
HB		

ACTION CODE	EFFECTIVE DATE	CLASS CODE	CHECK MAILING ADDRESS ►	FIRST LINE ADDRESS	SECOND LINE ADDRESS

NATURE OF ACTION CODE	NATURE OF ACTION DESCRIPTION	CITY NAME	CITY CODE	STATE NAME	STATE CODE	ZIP CODE

SEPARATION CODES	SEPARATION REMARKS	LEAVE EARNING STATUS DURING PP (0 - NO, 1 - YES)	EMPLOYMENT OFFICER	DATE

REMARKS

TIME AND ATTENDANCE REPORT

Department of Labor
Regulation 609.2

NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT COMPENSATION

This form has been given to you because (1) you have been separated from your job, or (2) you are expected to be in nonpay status for 7 calendar days or more, or (3) you have been transferred to another payroll office.

Federal workers have unemployment compensation rights similar to those of workers in private industry. If you become unemployed or are in nonpay status for 7 consecutive calendar days or more and you want to FILE A CLAIM, go to the nearest PUBLIC EMPLOYMENT OFFICE.
TAKE WITH YOU—

1. Your SOCIAL SECURITY ACCOUNT NUMBER CARD. (If you do not have a Social Security card, apply for one, but you do not need to delay filing your claim pending its receipt.)
2. The OFFICIAL NOTICE of your most recent SEPARATION or of your present NONPAY status (Standard Form 50, Payroll Change Slip SF-1126 or similar document), if you have received it.
3. THIS FORM, and all similar forms which you have received. The office where you file your claim will obtain information needed for your claim from:

445-U.S. Department of Agriculture
National Finance Center
Box 60,000 Main Post Office
New Orleans, La. 70160

• Who will pay unemployment benefits?

If you are eligible, you will be paid by a State employment security agency under the provisions of its unemployment compensation law. The amount of your weekly benefits and the period for which benefits will be paid will generally be determined by the law of the State in which you had your last *official station*. However, if your last official station was outside the United States, you will not be eligible until you return to the "States." Your benefit rights then will be determined under the law of your State of your residence. These benefits are paid from funds furnished by the United States Government. You did not pay a payroll tax to provide for your unemployment insurance.

• Under what conditions will I be eligible?

All State laws require that:

(a) You must be unemployed, able to work, and available for any suitable work:
(b) You must file a claim and must register for work at a local public employment office and must continue to report to that office as directed; and
(c) You must have had the employment or wages in a base period as specified in the State law.

All State laws will disqualify you for such reasons as the following:

(a) Quitting your job voluntarily without good cause or being discharged for misconduct connected with your work; or
(b) Refusing an offer of a suitable job without good cause.

• Do I have the right of appeal?

Yes. If a determination is made that you are ineligible for or are disqualified from benefits, you have the right to appeal provided in the applicable State law, but the Federal law provides that determinations of Federal service and wages and reasons for termination of Federal service given by the Federal agency shall be conclusive. If you believe that the information reported by your Federal agency is incorrect, you can ask-through the local employment office where you filed your claim-for a review by the Federal agency.

• Are there any penalties?

Yes. If you willfully make a fraudulent claim, you are subject to a fine or imprisonment, or both. If you made a mistake in giving information when you filed your claim, notify the local employment office as soon as you discover the mistake, in order to avoid penalty.

NAME	ESTABLISHED WORK WEEK AND HOURS	YEAR	PAY PERIOD NUMBER	AGENCY	STATE	TOWN	UNIT	TIMEKEEPR.	GS	WG	OTHER	FT	PT	INT	1ST 40	STATUS CHANGE START	STATUS CHANGE END	SOCIAL SECURITY NUMBER	PRINT TYPE	REV. CODE	FORM AD-321-3 (REV. 10/84)USDA
H MANGAN, R.L.	FLEXITOUR	88	13	03	81	4050	01	01	1			1						223 62 4175			321

EARNING STMT	ADV. LV. CODE	OATH OF OFFICE	FINAL	ACTION CODE	NEW CONTACT POINT	CONT.	STANDBY/AUO 1ST WK HRS	STANDBY/AUO 2ND WK HRS	STANDBY/AUO PERCENT	ACCT. DATA CODE	DAYS IN PAY STAT. THIS PP	CORRECTED OR SUPPL. T&A	COMPRESSED SCHEDULE
										2			

TIME IN PAY STATUS (HOURS) FROM 06/19 TO 07/02

	1 SUN	2 MON	3 TUE	4 WED	5 THU	6 FRI	7 SAT	8 SUN	9 MON	10 TUE	11 WED	12 THU	13 FRI	14 SAT
3		8	8	8	8	8			8	8	8	8	8	
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
TOTALS 14		8	8	8	8	8			8	8	8	8	8	

OTHER TIME (HOURS)

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
15														
16														
TOTAL OTHER TIME 17														

CLOCK HOURS ABSENT OR PREMIUM PAY (USE MILITARY TIME)

FR														
TO														
FR														
TO														

TRANSACTION (1) PREFIX	TRANSACTION (2) CODE	(3) SHIFT SUF FIX	1ST WEEK (4) HOURS	1ST WEEK (5) FRAC	2ND WEEK (6) HOURS	2ND WEEK (7) FRAC	ACCOUNTING DATA (8) APPRN	(9) A	(10) B	(11) C	(12) D	(13) E	(14) F	(15) DELETE
3	01		40		40									1
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														

01	80		TOTAL TIME WITH PAY
			TOTAL OTHER TIME

	BROUGHT FORWARD	ACCRUED	AVAILABLE	USED	BALANCE TO DATE
ANN 61	373½	06	379½	0	379 2
SICK 62	553	4	557		557
COMP 64					
LWOP 71					
AWOL 72					
SUSP 73					
MIL REG 65		◄ NO. OF DAYS ►			
MIL EMER 68					
OTHER 66					

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TIMEKEEPER'S INITIALS	EMPLOYEE'S INITIALS	SUPERVISOR'S SIGNATURE

ACTION CODE	EFFECTIVE DATE	CLASS CODE	CHECK MAILING ADDRESS ►	FIRST LINE ADDRESS	SECOND LINE ADDRESS

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SEPARATION CODES	SEPARATION REMARKS	LEAVE EARNING STATUS DURING PP (0 - NO, 1 - YES)	EMPLOYMENT OFFICER	DATE

REMARKS

TIME AND ATTENDANCE REPORT

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Regulation 609.2

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2. The OFFICIAL NOTICE of your most recent SEPARATION or of your present NONPAY status (Standard Form 50, Payroll Change Slip SF-1126 or similar document), if you have received it.
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National Finance Center
Box 60,000 Main Post Office
New Orleans, La. 70160

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• Under what conditions will I be eligible?

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(c) You must have had the employment or wages in a base period as specified in the State law.

All State laws will disqualify you for such reasons as the following:

(a) Quitting your job voluntarily without good cause or being discharged for misconduct connected with your work; or
(b) Refusing an offer of a suitable job without good cause.

• Do I have the right of appeal?

Yes. If a determination is made that you are ineligible for or are disqualified from benefits, you have the right to appeal provided in the applicable State law, but the Federal law provides that determinations of Federal service and wages and reasons for termination of Federal service given by the Federal agency shall be conclusive. If you believe that the information reported by your Federal agency is incorrect, you can ask-through the local employment office where you filed your claim-for a review by the Federal agency.

• Are there any penalties?

Yes. If you willfully make a fraudulent claim, you are subject to a fine or imprisonment, or both. If you made a mistake in giving information when you filed your claim, notify the local employment office as soon as you discover the mistake, in order to avoid penalty.

NAME	ESTABLISHED WORK WEEK AND HOURS	YEAR
MANGAN, R.L.	FLEXITOUR	88

PAY PERIOD NUMBER	AGENCY	STATE	TOWN	UNIT	TIMEKEEPR.	GS	WG	OTHER	FT	PT	INT	1ST 40	STATUS CHANGE START	STATUS CHANGE END	SOCIAL SECURITY NUMBER	PRINT TYPE	REV. CODE	FORM AD-321-3 (REV. 10/84)USDA
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EARNING STMT	ADV. LV. CODE	OATH OF OFFICE	FINAL	ACTION CODE	NEW CONTACT POINT	CONT.	STANDBY/AUO 1ST WK HRS	STANDBY/AUO 2ND WK HRS	STANDBY/AUO PERCENT	ACCT. DATA CODE	DAYS IN PAY STAT. THIS PP	CORRECTED OR SUPPL. T&A	COMPRESSED SCHEDULE
										2			

TIME IN PAY STATUS (HOURS)

FROM 07/03 TO 07/16

	1 SUN	2 MON	3 TUE	4 WED	5 THU	6 FRI	7 SAT	8 SUN	9 MON	10 TUE	11 WED	12 THU	13 FRI	14 SAT
3		8												
4			8	8	8	8			8	8	8	8	8	
5														
6														
7														
8														
9														
10														
11														
12														
13														
TOTALS														
14		8	8	8	8	8			8	8	8	8	8	

OTHER TIME (HOURS)

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
15														
16														
TOTAL OTHER TIME														
17														

CLOCK HOURS ABSENT OR PREMIUM PAY (USE MILITARY TIME)

FR														
TO														
FR														
TO														

TRANSACTION (1) PREFIX	TRANSACTION (2) CODE	(3) SHIFT SUF FIX	1ST WEEK (4) HOURS	1ST WEEK (5) FRAC	2ND WEEK (6) HOURS	2ND WEEK (7) FRAC	ACCOUNTING DATA (8) APPRN	(9) A	(10) B	(11) C	(12) D	(13) E	(14) F	(15) DELETE
	66		8											
	01		32		40									1

67 TOTAL TIME WITH PAY

80 TOTAL OTHER TIME

L

CERTIFICATION THAT LEAVE CHARGED THIS PERIOD (AND/OR_____HOURS LEAVE CHARGED IN PRIOR PAY PERIOD(S)) IS CORRECT AND THAT LEAVE CHARGED WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING LEAVE.

CERTIFIED CORRECT: ALL REGULAR TIME, LEAVE, OVERTIME, NIGHT DIFFERENTIAL, AND HOLIDAY TIME WAS WORKED AND APPROVED ACCORDING TO LAW & REGULATIONS.

TIMEKEEPER'S INITIALS: PTS | EMPLOYEE'S INITIALS: | SUPERVISOR'S SIGNATURE:

	BROUGHT FORWARD	ACCRUED	AVAILABLE	USED	BALANCE TO DATE
ANN 61	379½	06	385½	0	385.2
SICK 62	557	4	561	0	561
COMP 64					
LWOP 71					
AWOL 72					
SUSP 73					
MIL REG 65		◄ NO. OF DAYS ►			
MIL EMER 68					
OTHER 66				08	

ACTION CODE	EFFECTIVE DATE	CLASS CODE	CHECK MAILING ADDRESS ►	FIRST LINE ADDRESS	SECOND LINE ADDRESS

NATURE OF ACTION CODE	NATURE OF ACTION DESCRIPTION	CITY NAME	CITY CODE	STATE NAME	STATE CODE	ZIP CODE

SEPARATION CODES	SEPARATION REMARKS	LEAVE EARNING STATUS DURING PP (0 - NO, 1 - YES)	EMPLOYMENT OFFICER	DATE

REMARKS

TIME AND ATTENDANCE REPORT

Department of Labor
Regulation 609.2

NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT COMPENSATION

This form has been given to you because (1) you have been separated from your job, or (2) you are expected to be in nonpay status for 7 calendar days or more, or (3) you have been transferred to another payroll office.

Federal workers have unemployment compensation rights similar to those of workers in private industry. If you become unemployed or are in nonpay status for 7 consecutive calendar days or more and you want to FILE A CLAIM, go to the nearest PUBLIC EMPLOYMENT OFFICE.
TAKE WITH YOU—

1. Your SOCIAL SECURITY ACCOUNT NUMBER CARD. (If you do not have a Social Security card, apply for one, but you do not need to delay filing your claim pending its receipt.)
2. The OFFICIAL NOTICE of your most recent SEPARATION or of your present NONPAY status (Standard Form 50, Payroll Change Slip SF-1126 or similar document), if you have received it.
3. THIS FORM, and all similar forms which you have received. The office where you file your claim will obtain information needed for your claim from:

445-U.S. Department of Agriculture
National Finance Center
Box 60,000 Main Post Office
New Orleans, La. 70160

• Who will pay unemployment benefits?

If you are eligible, you will be paid by a State employment security agency under the provisions of its unemployment compensation law. The amount of your weekly benefits and the period for which benefits will be paid will generally be determined by the law of the State in which you had your last *official station*. However, if your last official station was outside the United States, you will not be eligible until you return to the "States." Your benefit rights then will be determined under the law of your State of your residence. These benefits are paid from funds furnished by the United States Government. You did not pay a payroll tax to provide for your unemployment insurance.

• Under what conditions will I be eligible?

All State laws require that:

(a) You must be unemployed, able to work, and available for any suitable work:
(b) You must file a claim and must register for work at a local public employment office and must continue to report to that office as directed; and
(c) You must have had the employment or wages in a base period as specified in the State law.

All State laws will disqualify you for such reasons as the following:

(a) Quitting your job voluntarily without good cause or being discharged for misconduct connected with your work; or
(b) Refusing an offer of a suitable job without good cause.

• Do I have the right of appeal?

Yes. If a determination is made that you are ineligible for or are disqualified from benefits, you have the right to appeal provided in the applicable State law, but the Federal law provides that determinations of Federal service and wages and reasons for termination of Federal service given by the Federal agency shall be conclusive. If you believe that the information reported by your Federal agency is incorrect, you can ask-through the local employment office where you filed your claim-for a review by the Federal agency.

• Are there any penalties?

Yes. If you willfully make a fraudulent claim, you are subject to a fine or imprisonment, or both. If you made a mistake in giving information when you filed your claim, notify the local employment office as soon as you discover the mistake, in order to avoid penalty.

NAME	ESTABLISHED WORK WEEK AND HOURS	YEAR
H MANGAN, R.L.	FLEXITOUR	88

PAY PERIOD NUMBER	AGENCY	STATE	TOWN	UNIT	TIMEKEEPR.	GS	WG	OTHER	FT	PT	INT	1ST 40	STATUS CHANGE START	STATUS CHANGE END	SOCIAL SECURITY NUMBER	PRINT TYPE	REV. CODE	FORM AD-321-3 (REV. 10/84)USDA
12	03	81	4050	01	01	1			1						223 62 4175			321

EARNING STMT	ADV. LV. CODE	OATH OF OFFICE	FINAL	ACTION CODE	NEW CONTACT POINT	CONT.	STANDBY/AUO 1ST WK HRS	STANDBY/AUO 2ND WK HRS	STANDBY/AUO PERCENT	ACCT. DATA CODE	DAYS IN PAY STAT. THIS PP	CORRECTED OR SUPPL. T&A	COMPRESSED SCHEDULE
										2			

TIME IN PAY STATUS (HOURS)

FROM 06/05 TO 06/18

	1 SUN	2 MON	3 TUE	4 WED	5 THU	6 FRI	7 SAT	8 SUN	9 MON	10 TUE	11 WED	12 THU	13 FRI	14 SAT
3		8	8	8	8	8			8	8	8	8	8	
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
TOTALS 14		8	8	8	8	8			8	8	8	8	8	

OTHER TIME (HOURS)

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
15														
16														
TOTAL OTHER TIME 17														

CLOCK HOURS ABSENT OR PREMIUM PAY (USE MILITARY TIME)

FR														
TO														
FR														
TO														

TRANSACTION (1) PREFIX	TRANSACTION (2) CODE	(3) SHIFT SUF FIX	1ST WEEK (4) HOURS	1ST WEEK (5) FRAC	2ND WEEK (6) HOURS	2ND WEEK (7) FRAC	ACCOUNTING DATA (8) APPRN	(9) A	(10) B	(11) C	(12) D	(13) E	(14) F	(15) DELETE
	01		40		40									1
	01		80											

◄ TOTAL TIME WITH PAY

◄ TOTAL OTHER TIME

	BROUGHT FORWARD	ACCRUED	AVAILABLE	USED	BALANCE TO DATE
ANN 61	367½	06	373½	0	3732
SICK 62	549	4	553	0	553
COMP 64					
LWOP 71					
AWOL 72					
SUSP 73					
MIL REG 65		◄ NO. OF DAYS ►			
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TIMEKEEPER'S INITIALS	EMPLOYEE'S INITIALS	SUPERVISOR'S SIGNATURE

ACTION CODE	EFFECTIVE DATE	CLASS CODE	CHECK MAILING ADDRESS ►	FIRST LINE ADDRESS	SECOND LINE ADDRESS

NATURE OF ACTION CODE	NATURE OF ACTION DESCRIPTION	CITY NAME	CITY CODE	STATE NAME	STATE CODE	ZIP CODE

SEPARATION CODES	SEPARATION REMARKS	LEAVE EARNING STATUS DURING PP (0 - NO, 1 - YES)	EMPLOYMENT OFFICER	DATE

REMARKS

TIME AND ATTENDANCE REPORT

Department of Labor
Regulation 609.2

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ENTOMOLOGICAL SOCIETY OF AMERICA

4603 CALVERT ROAD • COLLEGE PARK, MARYLAND 20740 • (301) 864-1334

1334

Date: April 1, 1988

Manuscript No.: A88-066

Robert L. Mangan
ARS Screwworm Research
USDA-AG/SEA (Tuxtla)
P.O. Box 3149
Laredo, TX 78041

AUTHOR: Mangan, Thomas

TITLE: Habitat Preferences...

SUBJECT EDITOR: Dr. Howard PHONE: (913) 776-2706

We have received your manuscript and have forwarded it to the subject Editor, for consideration in:

Journal of Economic Entomology	Miscellaneous Publications
Environmental Entomology	Bulletin of the ESA
X ANNALS of the ESA	Journal of Medical Entomology

All manuscripts are subjected to a review by scientists qualified to judge the validity of the research. The review process can take as long as 4 months or more. If you have any questions concerning the review of your manuscript, please contact the subject editor.

Sincerely,

Carolyn DeSimon
Publications Office

TRAVEL VOUCHER

SECTION A - IDENTIFICATION

SOCIAL SECURITY NUMBER	NAME (Last)	(First)	(Middle Initial)
223 62 4175	Mangan	Robert	L.

AGENCY NUMBER	PURPOSE OF TRAVEL CODE	AD - 202 NUMBER	DATES FOR TRAVEL EXPENSES FROM MONTH	FROM DAY	FROM YEAR	THRU MONTH	THRU DAY	THRU YEAR	TYPE CLAIM (Indicate one type only)	RECLAIM AMOUNT INCLUDED
03	7	8-C-4050-010	03	25	88	04	04	88	2	$

1-DOMESTIC TRAVEL - 48
2-FOREIGN TRAVEL
3-TRANSFER - HOUSEHUNT.
4-TRANSFER - OTHER
5-MULTIPLE-PERSON TRAVEL
6-DOMESTIC TRAVEL - OTHER

ORGANIZATION	OFFICIAL DUTY STATION (City and State)	RESIDENT CITY AND STATE (If other than Official Duty Station)
USDA, ARS, SPA	Tuxtla Gutierrez, Mexico	

SECTION B - TRANSPORTATION COSTS

	GTR NUMBER	AMOUNT	VENDOR	NUMBER OF TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1		$					
2							
3							
4							

TOTAL - SECTION B $ **IMPORTANT:** ATTACH UNUSED TICKETS TO FRONT OF VOUCHER

SECTION C - ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE

A	B	C	D	E	CLAIM AMOUNT
8014050020	10	5 3	4	1 4 1 2	$ 1,398 81

(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM) **TOTAL CLAIM AMOUNT ▶** $ 1,398 81

SECTION E - CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account works a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 USC 287; LD. 1001).

CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. I have reviewed this voucher and certify it to be correct. Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the travel voucher.

CLAIMANT'S SIGNATURE AND DATE 05/06/88

PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93—579). The information requested on this form is required under the provisions of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 101—7). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.

APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. In approving this voucher, I have determined that:

(1) Reimbursement is claimed for official travel only.

(2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage.

(3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. NOTE: To approve long distance phone calls, approving officer must have written authorization from Agency Head or his designee (31 USC 680a).

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or Print)
Robert L. Mangan
Research Leader

DATE	PHONE (Area Code and Number)	FTS	COMM
05/06/88	011-52-961-3-3550		XX

TRAVEL AUTHORIZATION. Check One:

[X] AD - 202 Attached [ ] AD - 202 Submitted Previously

MAILING ADDRESS OF CHECK

XX SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS

NON-GOVERNMENT TRAVELER OR NEW HIRE
T&A CONTACT POINT | ACCOUNTING STATION

[ ] SPECIAL ADDRESS (For use by supplemental travelers, new hires, or travelers on extended detail.)

[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION D - CLAIMS

		NFC USE
1 PER DIEM NO. DAYS	$	
2 MILEAGE TOTAL MILES		
3 OTHER TRAVEL		
4 CAR RENTAL (Paid by Traveler)		
5 COMMON CARRIER TRANSPORTATION	1,398 81	
6 ACTUAL SUBSISTENCE NO. DAYS		
7 MISCELLANEOUS EXPENSES		
8 REAL ESTATE EXPENSE (Form AD - 424)		
9 TEMPORARY QUARTERS (Form AD - 569)		
10 **TOTAL CLAIM** (Lines 1 through 9)	$ 1,398 81	
11 TRAVEL ADVANCE AMOUNT OUTSTANDING	2,000 00	
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUT-STANDING ADVANCE (Line 11)	-0-	
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)	-0-	
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 × Line 13))	2,000 00	
15 **NET TO TRAVELER** (Line 10 minus Line 12)	$ 1,398 81	

TOTAL DIFFERENCE

AUDITED BY ((Examiner's Initials)

NOTICE: Upon completion and approval, submit original voucher to: ▶ USDA, National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

FORM AD - 616 USDA (Rev. 4/84) (Approved Comp. Gen. 9/72)
EXCEPTION TO SF 1012 APPROVED BY OIRM 5-83

TRAVELER'S NAME: Robert L. Mangan

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

			MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	MO	DAY	TOTALS
		DATES ▶	03	25	03	25	03	26	03	26	04	02	04	02	04	03	04	04					TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM AD - 617)
ITINERARY	FROM	CITY AND STATE	Tuxtla MX		Mex City MX		Tegucig Hond.		La Ceiba Hond.		Utila Hond.		La Ceiba Hond.		Teguciga Hond.		Mex City MX						
		TIME (AM or PM)	10:10AM		2:00 PM		8:00AM		9:00 AM		1:00PM		3:30PM		7:30 AM		9:00 AM						
		CARRIER	AM		TACA		SH		Isleña		Isleña		SH		TACA		AM						
		FLIGHT NUMBER	560		211		516						517		210		561						
	TO	CITY AND STATE	MexCity MX		Teguciga. Hond.		La Ceiba Hond.		Utila Hond.		La Ceiba Hond.		Tegucig. Hond.		Mex City MX		Tuxtla MX						
		TIME (AM or PM)	11:10AM		5:30 PM		8:30 AM		9:30 AM		1:30PM		5:00PM		11:30 AM		10:00AM						
1 PER DIEM	PER DIEM DAYS																						1 TOTAL NO. DAYS
	LODGING AMOUNT		No per diem allowance for R & R travel.																				
			TOTAL LODGING COST		LODGING NIGHTS		AVERAGE COST		ROUND TO NEXT $		FIXED RATE		PER DIEM RATE		PER DIEM DAYS		TOTAL PER DIEM		LESS MEALS FURNISHED BY GOVERNMENT				TOTAL PER DIEM CLAIM
	COMPUTATION		÷		=		/		+		=		×		=		—						=$
2 POV	MILEAGE																						2 TOTAL # MILES
	CENTS PER MILE																						
	AMOUNT																						TOTAL MILEAGE AMOUNT $
3 OTHER TRAV-EL	PARKING, TOLLS, ETC.																						
			TOTAL WEIGHT OF GOODS				ACTUAL CHARGES				COMMUTED RATE				CLAIM LESSER AMOUNT								3 TOTAL OTHER TRAVEL
	STORAGE OF HOUSEHOLD GOODS						$				$												$
4 CAR RENTAL (Receipt and Car Rental Agreement Required)																							4 TOTAL CAR RENTAL $
5 COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)	See attachments for actual and constructed common carrier costs.																				
	TAXI, LIMO, LOCAL BUS, SUBWAY	NO. TRIPS																					
		DAILY EXPENSE																					5 TOTAL COMMON CARRIER $ 1,398 81
	TRANSPORTATION OF HOUSEHOLD GOODS - PAID BY TRAVELER (Weight Certificate or Bill of Lading Required)		TOTAL WEIGHT OF GOODS SHIPPED				COMMUTED RATE				TOTAL				ADDITIONAL ALLOWANCES				TOTAL TRANSPORTATION OF HOUSEHOLD GOODS				
							× $				= $				+				= $				
6 ACTUAL SUBSISTENCE	BREAKFAST (Include Tips)																						
	LUNCH (Include Tips)																						
	DINNER (Include Tips)																						
	LODGING (Receipt Required)																						6 TOTAL NO. DAYS
	TIPS (Porter, etc.)																						
	OTHER (Laundry, etc. (Please Specify))																						
	TOTAL (Cannot exceed amount authorized for area. See FTR, Chapter 1, Part 8, Appendix 1-A.)																						TOTAL ACTUAL SUBSISTENCE $
7 MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)																							7 TOTAL MISC. $

REMARKS/EXPLANATION/CERTIFICATION STATEMENTS

Foreign currency exchange rates: 2270 Mexican pesos = 1 U.S. dollar.
2 Honduran lempiras = 1 U.S. dollar.

ROBERT L. MANGAN AND DEPENDENTS
R&R TRAVEL EXPENSES 03/25/88 TO 04/04/88
TRAVEL AUTH. #8-C-4050-010

ACTUAL TRAVEL EXPENSES:

Common Carrier (plane) for R. L. Mangan:

Tuxtla to Mexico City & return (346,359 pesos)	$ 152.58
Mexico City to La Cieba, Honduras & return	373.50
La Cieba to Utila one-way (30 lempira)	15.00
Utila to La Cieba return (25.5 lempira)	12.75

Other Travel costs for R. L. Mangan:

Airport use taxes:	Mexico	8.00
	Honduras	10.00
TOTAL EXPENSES:		$ 571.83

Common Carrier and other travel costs are equal for spouse, Chris M. Van Dyck:

TOTAL EXPENSES:	$ 571.83

Common Carrier and other travel costs for Niall M. Mangan (daughter):

Mexico City to Tegucigalpa, Honduras & return	$ 155.62
La Cieba to Utila one-way (30 lempira)	15.00
Utila to La Cieba one-way (25.5 lempira)	12.75
Mexico City to Tuxtla one-way (90,290 pesos)	39.78
Airport use tax: Mexico	8.00
TOTAL EXPENSES:	$ 231.15

TOTAL EXPENSES CLAIMED:

Robert L. Mangan travel	$ 571.83
Chris M. Van Dyck travel	571.83
Niall M. Mangan travel	231.15
Taxi Costs in Tegucigalpa and Mexico City	24.00
TOTAL CLAIM:	$1,398.81

ROBERT L. MANGAN AND DEPENDENTS
R&R TRAVEL EXPENSES 03/25/88 TO 04/04/88
TRAVEL AUTH. #8-C-4050-010

CONSTRUCTED TRAVEL EXPENSES:

Common Carrier (plane) costs from Tuxtla Gutierrez, Mexico to Nassau, Bahamas (designated R&R destination):

Tuxtla to Mexico City and return:	$152.00
Mexico City to Houston, TX and return:	270.00
Houston, TX to Miami, FL and return:	334.00
Miami, FL to Nassau and return:	154.00
TOTAL COST:	$910.00

TOTAL CONSTRUCTED EXPENSES:

Adult round-trip fare Tuxtla - Nassau (employee):	$910.00
" " " " " " (spouse):	910.00
Child's round-trip fare:	455.00
TOTAL:	$2,275.00

The actual expense amount is claimed in lieu of the higher cost constructed expense.

UNITED STATES DEPARTMENT OF AGRICULTURE

ARS, SPA

(AGENCY)

TRAVEL AUTHORIZATION

1. Authorization No. 8-C-4050-019

2. Date May 18, 1988

The person named below is authorized to travel and to incur necessary expenses of travel in accordance with provisions of applicable laws and regulations.

3. Name	4. Official Station	4a. Former Residence
Robert L. Mangan	Tuxtla Gutz., Mexico	
5. Title	**6. Travel to begin on or about**	**7. Travel to end on or about**
Supvry Research Entomologist	June 13, 1988	June 17, 1988

8. Itinerary From Tuxtla Gutierrez, Mexico to Gainesville, Florida and return.

9. Purpose of travel Pupose Code 4 - To present lectures on the screwworm eradication program at the International Short Course on the Uses of Radioisotopes in Entomology at the University of Florida.

10. Per diem allowance
Maximum rates allowable by Agriculture and Federal Travel Regulations. (see item 14 below)

11. Travel by privately-owned automobile is authorized; mileage at rates indicated below will be allowed: (Mileage allowances for change of station are shown in section 12.)

a. _____ Cents per mile plus ferry fares and bridge and tunnel tolls

b. _____ Cents per mile personal preference rate

12. In connection with change of station, the following will be allowed:

a. ☐ Transportation of immediate family

b. ☐ Transportation of household goods and personal effects

Mileage for use of privately-owned automobile for transportation of employee and members of his immediate family, as follows:

c. _____ Cents per mile when two or more persons travel together

d. _____ Cents per mile when one person travels alone

13. Authorized mode of transportation: Common Carrier.
Hire of taxicabs locally per Sec. 1-3.1 FTR.

14. The International Atomic Energy Agency will furnish round-trip transportation and meals and incidental expenses in kind. ARS will pay salary expenses.

Estimated cost: $1,000.00

The travel and transportation authorized above are in the interest, and to the advantage, of the Government, and the change of station, if any, is not made primarily for the convenience or benefit of the employee or at his request.

Name and title of authorizing official	Signature
Floyd P. Horn Area Director	Floyd P. Horn

Form AD-202 (7/80)

UNITED STATES DEPARTMENT OF AGRICULTURE

ARS, SPA

(AGENCY)

TRAVEL AUTHORIZATION

1. Authorization No. 8-C-4050-017

2. Date April 11, 1988

The person named below is authorized to travel and to incur necessary expenses of travel in accordance with provisions of applicable laws and regulations.

3. Name	4. Official Station	4a. Former Residence
Robert L. Mangan	Tuxtla Gutierrez, MX	
5. Title	**6. Travel to begin on or about**	**7. Travel to end on or about**
Research Leader	May 29, 1988	June 15, 1988

8. Itinerary From official duty station to various destinations in Guatemala and return.

9. Purpose of travel Purpose Code 1 - To oversee programs and conduct research.

10. Per diem allowance In accordance with Agriculture add Federal Travel Regulations. Maximum rates allowable by Foreign Travel Regulations.

11. Travel by privately-owned automobile is authorized; mileage at rates indicated below will be allowed: (Mileage allowances for change of station are shown in section 12.)

a. _____ Cents per mile plus ferry fares and bridge and tunnel tolls

b. _____ Cents per mile personal preference rate

12. In connection with change of station, the following will be allowed:

a. ☐ Transportation of immediate family

b. ☐ Transportation of household goods and personal effects

Mileage for use of privately-owned automobile for transportation of employee and members of his immediate family, as follows:

c. _____ Cents per mile when two or more persons travel together

d. _____ Cents per mile when one person travels alone

13. Authorized mode of transportation: Common Carrier and Government Vehicle.

14. Hire of taxicabs locally: Sec. 1-3.1 FTR.

15. Estimated Cost: $1,700.00.
Chargeable: 8014050020

The travel and transportation authorized above are in the interest, and to the advantage, of the Government, and the change of station, if any, is not made primarily for the convenience or benefit of the employee or at his request.

Name and title of authorizing official	Signature
Floyd P. Horn Area Director	by [signature]

Form AD-202 (7/80)

ARS, BPA	0-0-4030-017
TRAVEL AUTHORIZATION	April 11, 1988

Robert L. Keegan	Tuxtla Gutierrez, MX
Research Leader	May 29, 1988 June 15, 1988

Proc. official duty station to various destinations in Guatemala and return.

Purpose Code 1 - To oversee programs and conduct research.

In accordance with Agriculture and Federal Travel Regulations.
Maximum rates allowable by Foreign Travel Regulations.

13. Authorized mode of transportation: Common Carrier and Government Vehicle.

14. Use of taxicabs locally: Sec. I-3.1 FTR.

15. Estimated Cost: $1,700.00.
Chargeable: 80140500

Floyd P. Horn
Area Director

UNITED STATES DEPARTMENT OF AGRICULTURE

ARS, SPA

(AGENCY)

TRAVEL AUTHORIZATION

1. Authorization No. 8-C-4050-015

2. Date April 11, 1988

The person named below is authorized to travel and to incur necessary expenses of travel in accordance with provisions of applicable laws and regulations.

3. Name	4. Official Station	4a. Former Residence
Robert L. Mangan	Tuxtla Gutierrez, MX	
5. Title	**6. Travel to begin on or about**	**7. Travel to end on or about**
Research Leader	May 9, 1988	May 16, 1988

8. Itinerary From official duty station to San Jose, Costa Rica and return.

9. Purpose of travel Purpose code 1 - To oversee programs and conduct research.

10. Per diem allowance In accordance with Agriculture and Federal Travel Regulations. Maximum rates allowable by Foreign Travel Regulations.

11. Travel by privately-owned automobile is authorized; mileage at rates indicated below will be allowed: (Mileage allowances for change of station are shown in section 12.)

a. _____ Cents per mile plus ferry fares and bridge and tunnel tolls

b. _____ Cents per mile personal preference rate

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a. ☐ Transportation of immediate family

b. ☐ Transportation of household goods and personal effects

Mileage for use of privately-owned automobile for transportation of employee and members of his immediate family, as follows:

c. _____ Cents per mile when two or more persons travel together

d. _____ Cents per mile when one person travels alone

13. Authorized mode of transportation: Common carrier and GOV.

14. Hire of taxicabs locally - Sec. 1-3.1 FTR.

15. Estimated cost: $700.00.
Chargeable: 8014050020

The travel and transportation authorized above are in the interest, and to the advantage, of the Government, and the change of station, if any, is not made primarily for the convenience or benefit of the employee or at his request.

Name and title of authorizing official	Signature
Floyd P. Horn Area Director	by [signature]

Form AD--202 (7/80)

Robert L. Mangan	Santa Gutierrez, NM
Research Leader	May 9, 1988

From official duty station to San Jose, Costa Rica and return.

Purpose code 1 - To oversee projects and conduct research.

In accordance with Agriculture and Federal Travel Regulations.
Maximum rates allowable by Foreign Travel Regulations.

13. Authorized mode of transportation: Common carrier and GOV.

14. Hire of taxicabs locally - Sec. I-3.1 FTR.

15. Estimated cost: $700.00.
Chargeable: 5014050020

Floyd P. Horn
Area Director

EL TULE DE TUXTLA, S.A.

Reg. Fed. de Caus. TTU-720105-BE-3
Reg. Cám. Nal. de Ind. de Transf. 227
2a. Av. Sur Pte. No. 258

Apdo. Postal No. 50
Tel. 2-44-67 con 3 Líneas
Tuxtla Gutiérrez, Chis.

NOTA DE VENTA

A Nº 57716

9 de 11/21/22 de 19 88.

Sr. H R S

Dirección KM. 2 CARRETERA A QUESTULA

Lugar TUXTLA.

Cantidad	ARTICULO	PRECIO	IMPORTE
4 -	Llantas Bmw Cauchada		
	Medidas de su Preferencia		
	11 7 x 1 22	55 6.25	55 6.25 DO
	+ I.V.A.	23 45.00	23 45.00 DO

MAR 0 1988

Hecha	Revisada	Despachada	TOTAL $	63980.=

Teléfono 2-44-67 Gutiérrez.

EL TULE DE TUXTLA, S.A.

Reg. Fed. de Caus. TTU-720105-BE-3
Reg. Cám. Nal. de Ind. de Transf. 227
2a. Av. Sur Pte. No. 258

Apdo. Postal No. 50
Tel. 2-44-67 con 3 Líneas
Tuxtla Gutiérrez, Chis.

NOTA DE VENTA

A No 57716

de _____ de 19 ____

Sr. _____

Dirección _____

Lugar _____

Cantidad	ARTICULO	PRECIO		IMPORTE	

INSTITUTO NACIONAL DE ESTADISTICA GEOGRAFIA E INFORMATICA

FACTURA VENTA CONTADO

RFC-SPP-850101-BW5

CLAVE CLIENTE | TIPO CLIENTE

FACTURA No. 56138

CLAVE ORIGEN

CLAVE DESTINO

FECHA 09 03 89

TIPO MOVIMIENTO 01

01 Venta de Contado
03 Venta a Suscriptor
04 Venta por Correo
11 Cobranza a Distribuidor

FRECUENCIA DE SUSCRIPCION

1 Mensual
2 Anual
3 Semanal
4 Quincenal
5 Bimestral
6 Trimestral
7 Tetramestral
8 Semestral

UNIDAD DE VENTAS: CIV - COPLADE

INSTITUCION O DEPENDENCIA: A.R.S

NOMBRE DEL SOLICITANTE: ROBERTO MANGAN

PROFESION: CIENTIFICO INVESTIGADOR

CARGO:

DOMICILIO:

CIUDAD	ESTADO	CODIGO POSTAL	TELEFONO
Tuxtla Gtz.	Chiapas	29000	

CIUDAD 101 ESTADO 07 PERIODO DE SUSCRIPCION: DE _____ A _____

PUBLICACIONES | CARTOGRAFIA XX

CANTIDAD	CLAVE DEL PRODUCTO	DESCRIPCION DEL MATERIAL: CLAVE DE UBICACION	DESCRIPCION DEL MATERIAL: NOMBRE DEL MATERIAL	PRECIO UNITARIO	IMPORTE
001	Z10617	E15-8	Carta Top. Esc. 1'250,000	$ 1,600.=	$ 1,600.=
001		E15-9		1,600.=	1,600.=
001		E15-10 D15-1		1,600.=	1,600.=
001		E15-11		1,600.=	1,600.=
001		E15-12 D15-3		1,600.=	1,600.=
001		D15-2		1,600.=	1,600.=
001		D15-5		1,600.=	1,600.=
				SUBTOTAL	
				DESCUENTO	
				IMPORTE TOTAL	$ 11,200.=

CONFORME

FIRMA DEL CLIENTE

Blanca Isa Meza C.

FIRMA DEL CAJERO

Blanca Isa Meza C.

FIRMA DEL ASESOR-VENDEDOR

SICOVE-FAC

CLIENTE

Standard Form 50-B
Rev. January 1984
U.S. Office of Personnel Management
FPM Chapter 296

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle)	2 SSN	3 Position Sensitivity (Opt)	4. Date of Birth
MANGAN, ROBERT L	223-62-4175	2	08/06/45

5. Veteran Preference	6. Serv. Comp. Date (Leave)	7. Tenure	8. Retirement
2 (1—None, 2—5 Pt, 3—10 Pt Disab, 4—10 Pt Comp, 5—10 Pt Other, 6—10 Pt /30% Comp)	10/15/80	1	1

9. FEGLI	10. FLSA	11. Sex	12. Citizenship	13. Comp. Level (Opt)
H BASIC-STANDARD-1X ADDITIONAL	E (E—Exempt, N—Nonexempt)	M	1 (1—US, 8—Other)	XX

14. Effective Date	15. Annuitant Indicator	16. Work Schedule	17. (Reserved for OPM Use)
01/03/88	9 (1—Reempl Ann-CS, 2—RETO, 3—RETM, 4—RETO & CS, 5—RETM & CS, 9—Not Applicable)	F (F—Full-time, P—Part-time, I—Intermittent, G—FT Seasonal, Q—PT Seasonal, J—INT Seasonal)	

18-A. NOAC	18-B. Nature of Action	19-A. NOAC	19-B. Nature of Action
894	PAY ADJ		

18-C. Auth Code	18-D. Authority	19-C. Auth Code	19-D. Authority
QWM	REG531.205		

18-E. Auth Code	18-F. Authority	19-E. Auth Code	19-F. Authority
ZLM	E. O. 12622		

20. FROM: Position Title and Number	27 TO: Position Title and Number
	SUPVRY RES ENT 001S601 1S601

21. Name and Location of Employing Office	28. Name and Location of Employing Office
	AGRICULTURAL RESEARCH SERVICE FIELD ORGANIZATION SOU PLAINS AREA(COLEGE STA,TX) TUXTLA GUITERREZ,MEXICO BELTSVILLE MD

22. Pay Plan & Occupational Code	23. Grade or Level	24. Step or Rate	25. Salary	26. Pay Basis	29. Pay Plan & Occupational Code	30. Grade or Level	31. Step or Rate	32. Salary	33. Pay Basis
			41,309.00		GM 0414	13	00	42,135.00	PA

34. Duty Station	35. Position Occupied	36. Appropriation Code (Optional)
TUXTLA GUTIERREX MX	1 (1—Competitive, 2—Excepted, 3—SES General, 4—SES Career Reserved)	

37. Remarks

FEDERAL PAY INCREASE DUE TO E.O. 12622 SIGNED 12/31/87.
SALARY INCLUDES PAY ADJUSTMENT OF $ 826.00 .
CODE '1' IN BLOCK 8 INDICATES COVERAGE UNDER CIVIL SERVICE RETIREMENT.

38. Approval		39. FPMIS Data				
A. Title of Approving Official	B. Date	A. Supv. or Nonsupv. Ind	B. VEV IND	C. PRD	D. Barg. Unit Status	E. Functional Class
DIRECTOR OF THE NFC	12/31/87	1	V	0	8888	11
C. Signature/Authentication of Approving Official		F. Educational Level	G. Year Degree Attained	H. Academic Discipline	I. Agency Code	
		21	78	0420	AG 03	
CLYDE G. MCSHAN, II		J. Location Code			K. SON	[redacted]
		MX-7700-000			4860	
40. Employing Department or Agency		[redacted]	N.	O.	P.	Q.
DEPARTMENT OF AGRICULTURE						

3 Part
50-306

1—Employee Copy

Previous Editions Usable
NSN 7540-01-151-7596

AG 036062405005000000 PP 01 1*1988*BATCH 77789999 000-00 204-12 AG/ED 03-4860

NOTICE TO EMPLOYEE

KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.

I. Conditions Pertinent to All Types of Personnel Actions

The personnel action identified on the face of this form is subject to all applicable laws, rules and regulations governing Federal employment and may be subject to investigation and approval by the U.S. Office of Personnel Management. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

In addition, the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the U.S. Office of Personnel Management.

Items 8 and 9 show common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits Program, and for income taxes, bonds, and other purposes authorized by law.

II. Information About Appointments

Appointments to positions in the competitive service: The Civil Service Act places most positions in the "competitive service." The U.S. Office of Personnel Management sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period during which an appointee must demonstrate full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he or she qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he or she may later be reached for career-conditional appointment.

Appointments to positions in the excepted service. Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

Appointment to positions in the Senior Executive Service (SES). SES appointments are made to executive positions with managerial, supervisory, or policy functions. Initial SES career appointments are obtained through competition with other civil service employees, or civil service employees and members of the general public. The first year of an initial SES career appointment is a probationary period, during which the appointee must demonstrate full competence and fitness for such employment.

SES noncareer and limited appointments do not confer competitive civil service status or lead to SES career appointments.

III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment: those with unrestricted tenure are placed in Group 1; those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group 2; and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group 3. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to the general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

Tenure group as used for reduction in force purposes does not apply to the Senior Executive Service. Code 0 may be shown in the tenure group for these employees.

IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the Civil Service Retirement System or Federal Employees Group Life Insurance, you have previously been furnished certificates describing these programs. Such certificates have information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and may apply directly to any Federal activity and may be employed without further competitive examination. If you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment you have no reinstatement privileges based upon such service.

If you are separated from an SES career appointment, you may have reinstatement eligibility to the SES. You should apply directly to any Federal activity. If you are separated from an SES noncareer or limited appointment, you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under the supervisor's control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

☆U.S. GOVERNMENT PRINTING OFFICE: 1984-445-501

Standard Form 50-B
Rev. January 1984
U.S. Office of Personnel Management
FPM Chapter 296

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle)	2. SSN	3. Position Sensitivity (Opt)	4. Date of Birth
MANGAN, ROBERT L	223-62-4175	2	08/06/45

5. Veteran Preference	6. Serv Comp Date (Leave)	7. Tenure	8. Retirement
2 (1—None, 2—5 Pt, 3—10 Pt Disab, 4—10 Pt Comp, 5—10 Pt Other, 6—10 Pt /30% Comp)	10/15/80	1	1

9. FEGLI	10. FLSA	11. Sex	12. Citizenship	13. Comp Level (Opt)
H BASIC-STANDARD-1X ADDITIONAL	E (E—Exempt, N—Nonexempt)	M	1 (1—US, 8—Other)	XX

14. Effective Date	15. Annuitant Indicator	16. Work Schedule	17. (Reserved for OPM Use)
12/20/87	9 (1—Reempl Ann-CS, 2—RETO, 3—RETM, 4—RETO & CS, 5—RETM & CS, 9—Not Applicable)	F (F—Full-time, P—Part-time, I—Intermittent, G—FT Seasonal, Q—PT Seasonal, J—INT Seasonal)	

18-A. NOAC	18-B. Nature of Action	19-A NOAC	19-B. Nature of Action
889	PMRS PERFORMANCE AWARD		

18-C. Auth Code	18-D. Authority	19-C. Auth Code	19-D. Authority
V6K	5 USC 5406		

18-E. Auth Code	18-F. Authority	19-E Auth Code	19-F. Authority

20. FROM: Position Title and Number	27. TO: Position Title and Number
	SUPVRY RES ENT 001S601 1S601
21. Name and Location of Employing Office	**28. Name and Location of Employing Office**
	AGRICULTURAL RESEARCH SERVICE FIELD ORGANIZATION SOU PLAINS AREA(COLEGE STA,TX) TUXTLA GUITERREZ,MEXICO BELTSVILLE MD

22. Pay Plan & Occupational Code	23. Grade or Level	24. Step or Rate	25. Salary	26. Pay Basis	29. Pay Plan & Occupational Code	30. Grade or Level	31. Step or Rate	32. Salary	33. Pay Basis
								1,612.00	

34. Duty Station	35. Position Occupied	36. Appropriation Code (Optional)
TUXTLA GUTIERREX MX	1 (1—Competitive, 2—Excepted, 3—SES General, 4—SES Career Reserved)	

37. Remarks

PMRS PERFORMANCE AWARD $ 1612.00 .
CODE '1' IN BLOCK 8 INDICATES COVERAGE UNDER CIVIL SERVICE RETIREMENT.

38. Approval		39. FPMIS Data				
A. Title of Approving Official	B. Date	A. Supv or Nonsupv Ind	B. VEV IND	C. PRD	D. Barg Unit Status	E. Functional Class
DIRECTOR OF THE NFC	12/20/87	1	V	0	8888	11
C. Signature/Authentication of Approving Official		F. Educational Level	G. Year Degree Attained	H. Academic Discipline	I. Agency Code	
CLYDE G. MCSHAN, II		21	78	0420	AG 03	
		J. Location Code			K. SON	[redacted]
		MX-7700-000			4860	
40. Employing Department or Agency		[redacted]	N.	O.	P.	Q.
DEPARTMENT OF AGRICULTURE						

3 Part
50-306

1—Employee Copy

Previous Editions Usable
NSN 7540-01-151-7596

AG 0360624050050000 PP 26 1*1987*BATCH 55550105 000-00 200-13 AG/ED 03-4860

NOTICE TO EMPLOYEE

KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.

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In addition, the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the U.S. Office of Personnel Management.

Items 8 and 9 show common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits Program, and for income taxes, bonds, and other purposes authorized by law.

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The first year following a nontemporary competitive appointment generally is a probationary period during which an appointee must demonstrate full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he or she qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he or she may later be reached for career-conditional appointment.

Appointments to positions in the excepted service. Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

Appointment to positions in the Senior Executive Service (SES). SES appointments are made to executive positions with managerial, supervisory, or policy functions. Initial SES career appointments are obtained through competition with other civil service employees, or civil service employees and members of the general public. The first year of an initial SES career appointment is a probationary period, during which the appointee must demonstrate full competence and fitness for such employment.

SES noncareer and limited appointments do not confer competitive civil service status or lead to SES career appointments.

III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment: those with unrestricted tenure are placed in Group 1; those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group 2; and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group 3. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to the general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

Tenure group as used for reduction in force purposes does not apply to the Senior Executive Service. Code 0 may be shown in the tenure group for these employees.

IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the Civil Service Retirement System or Federal Employees Group Life Insurance, you have previously been furnished certificates describing these programs. Such certificates have information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and may apply directly to any Federal activity and may be employed without further competitive examination. If you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment you have no reinstatement privileges based upon such service.

If you are separated from an SES career appointment, you may have reinstatement eligibility to the SES. You should apply directly to any Federal activity. If you are separated from an SES noncareer or limited appointment, you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under the supervisor's control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

*U.S. GOVERNMENT PRINTING OFFICE: 1984-445-501

TRAVEL VOUCHER

SECTION A - IDENTIFICATION

SOCIAL SECURITY NUMBER	NAME (Last)	(First)	(Middle Initial)
223 62 4175	Mangan	Robert	L.

AGENCY NUMBER	PURPOSE OF TRAVEL CODE	DATES FOR TRAVEL EXPENSES FROM MONTH	FROM DAY	FROM YEAR	THRU MONTH	THRU DAY	THRU YEAR	TYPE CLAIM (Indicate one type only)	RECLAIM AMOUNT INCLUDED
03	1	02	14	88	02	18	88	2	$

AD - 202 NUMBER: 8-B-6201-023

1-DOMESTIC TRAVEL - 48
2-FOREIGN TRAVEL
3-TRANSFER - HOUSEHUNT.
4-TRANSFER - OTHER
5-MULTIPLE-PERSON TRAVEL
6-DOMESTIC TRAVEL - OTHER

ORGANIZATION	OFFICIAL DUTY STATION (City and State)	RESIDENT CITY AND STATE (If other than Official Duty Station)
USDA, ARS, SPA	Tuxtla Gutierrez, Mexico	

SECTION B - TRANSPORTATION COSTS

	GTR NUMBER	AMOUNT	VENDOR	NUMBER OF TRAVELERS	GTR CLASS	EXPLANATION OF TRAVEL FROM	TO
1		$					
2							
3							
4							
TOTAL - SECTION B		$	IMPORTANT: ATTACH UNUSED TICKETS TO FRONT OF VOUCHER				

SECTION C - ACCOUNTING CLASSIFICATION

DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION LINE

A	B	C	D	E	CLAIM AMOUNT
8014050020	10	5 3	4	1 4 1 2	$ 469 97

(THIS AMOUNT MUST AGREE WITH BLOCK 10, TOTAL CLAIM) **TOTAL CLAIM AMOUNT ▶** $ 469 97

SECTION E - CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account works a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 USC 287; LD. 1001).

CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. I have reviewed this voucher and certify it to be correct. Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the travel voucher.

CLAIMANT'S SIGNATURE AND DATE: 03/22/88

PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93—579). The information requested on this form is required under the provisions of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 101—7). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.

APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. In approving this voucher, I have determined that:

(1) Reimbursement is claimed for official travel only.

(2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage.

(3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. NOTE: To approve long distance phone calls, approving officer must have written authorization from Agency Head or his designee (31 USC 680a).

APPROVING OFFICER'S SIGNATURE

NAME AND TITLE (Type or Print)
Robert L. Mangan
Research Leader

DATE	PHONE (Area Code and Number)	FTS	COMM
03/22/88	011-52-961-33550		XX

TRAVEL AUTHORIZATION. Check One:

[ ] AD - 202 Attached [XX] AD - 202 Submitted Previously

NOTICE: Upon completion and approval, submit original voucher to: ▶ USDA, National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

MAILING ADDRESS OF CHECK

XX SALARY CHECK ADDRESS [ ] T&A CONTACT POINT ADDRESS

NON-GOVERNMENT TRAVELER OR NEW HIRE
T&A CONTACT POINT | ACCOUNTING STATION

[ ] SPECIAL ADDRESS (For use by supplemental travelers, new hires, or travelers on extended detail.)

[ ] STATE OR REGION NUMBER [ ] OTHER UNIT NUMBER

SECTION D - CLAIMS

		NFC USE
1 PER DIEM — NO. DAYS 4.25	$ 305 50	
2 MILEAGE — TOTAL MILES		
3 OTHER TRAVEL		
4 CAR RENTAL (Paid by Traveler)		
5 COMMON CARRIER TRANSPORTATION	164 47	
6 ACTUAL SUBSISTENCE — NO. DAYS		
7 MISCELLANEOUS EXPENSES		
8 REAL ESTATE EXPENSE (Form AD - 424)		
9 TEMPORARY QUARTERS (Form AD - 569)		
10 **TOTAL CLAIM** (Lines 1 through 9)	$ 469 97	
11 TRAVEL ADVANCE AMOUNT OUTSTANDING	- 0 -	
12 AMOUNT OF VOUCHER (Line 10) TO BE APPLIED TO OUT-STANDING ADVANCE (Line 11)	- 0 -	
13 ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)	- 0 -	
14 REMAINING ADVANCE BALANCE (Line 11 minus (Line 12 × Line 13))	- 0 -	
15 **NET TO TRAVELER** (Line 10 minus Line 12)	$ 469 97	
TOTAL DIFFERENCE		

AUDITED BY ((Examiner's Initials)

FORM AD - 616 USDA (Rev. 4/84) (Approved Comp. Gen. 9/72)
EXCEPTION TO SF 1012 APPROVED BY OIRM 5-83

Standard Form 50-B
Rev. January 1984
U.S. Office of Personnel Management
FPM Chapter 296

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle)	2. SSN	3. Position Sensitivity (Opt)	4. Date of Birth
MANGAN, ROBERT L	223-62-4175	2	08/06/45

5. Veteran Preference (1—None, 2—5 Pt, 3—10 Pt Disab, 4—10 Pt Comp, 5—10 Pt Other, 6—10 Pt /30% Comp)	6. Serv. Comp. Date (Leave)	7. Tenure	8. Retirement
2	10/15/80	1	1

9. FEGLI	10. FLSA (E—Exempt, N—Nonexempt)	11. Sex	12. Citizenship (1—US, 8—Other)	13. Comp. Level (Opt)
H BASIC-STANDARD-1X ADDITIONAL	E	M	1	XX

14. Effective Date	15. Annuitant Indicator (1—Reempl Ann-CS, 2—RETO, 3—RETM, 4—RETO & CS, 5—RETM & CS, 9—Not Applicable)	16. Work Schedule (F—Full-time, P—Part-time, I—Intermittent, G—FT Seasonal, Q—PT Seasonal, J—INT Seasonal)	17. (Reserved for OPM Use)
10/11/87	9	F	

18-A. NOAC	18-B. Nature of Action	19-A. NOAC	19-B. Nature of Action
002	CORRECTION	891	PMRS MERIT INC

18-C. Auth Code	18-D. Authority	19-C. Auth Code	19-D. Authority
		V1K	5 USC 5404 C) 1) A)

18-E. Auth Code	18-F. Authority	19-E. Auth Code	19-F. Authority

20. FROM: Position Title and Number	27. TO: Position Title and Number
	SUPVRY RES ENT 001S601 1S601

21. Name and Location of Employing Office	28. Name and Location of Employing Office
	AGRICULTURAL RESEARCH SERVICE FIELD ORGANIZATION SOU PLAINS AREA(COLEGE STA,TX) TUXTLA GUITERREZ,MEXICO BELTSVILLE MD

22. Pay Plan & Occupational Code	23. Grade or Level	24. Step or Rate	25. Salary	26. Pay Basis	29. Pay Plan & Occupational Code	30. Grade or Level	31. Step or Rate	32. Salary	33. Pay Basis
					GM 0414	13	00	41,309.00	PA

34. Duty Station	35. Position Occupied (1—Competitive, 2—Excepted, 3—SES General, 4—SES Career Reserved)	36. Appropriation Code (Optional)
TUXTLA GUTIERREX MX	1	

37. Remarks

CORRECTS THE FOLLOWING ITEMS THAT APPEARED ON SF-50 DATED 10/11/87
003 1
CODE '1' IN BLOCK 8 INDICATES COVERAGE UNDER CIVIL SERVICE RETIREMENT.

38. Approval		39. FPMIS Data				
A. Title of Approving Official	B. Date	A. Supv or Nonsupv Ind	B. VEV IND	C. PRD	D. Barg Unit Status	E. Functional Class
DIRECTOR OF THE NFC	12/30/87	1	V	0	8888	11
C. Signature/Authentication of Approving Official		F. Educational Level	G. Year Degree Attained	H. Academic Discipline	I. Agency Code	
CLYDE G. MCSHAN, II		21	78	0420	AG 03	
		J. Location Code			K. SON	[redacted]
		MX-7700-000			4860	
40. Employing Department or Agency		[redacted]	N.	O.	P.	Q.
DEPARTMENT OF AGRICULTURE						

3 Part
50-306

1—Employee Copy

Previous Editions Usable
NSN 7540-01-151-7596

AG 0360624050050000000 PP 26 1*1987*BATCH 48605574 208-00 200-05 AG/ED 03-4860

NOTICE TO EMPLOYEE

KEEP THIS DOCUMENT FOR YOUR RECORDS. IT IS YOUR COPY OF THE OFFICIAL RECORD OF A PERSONNEL ACTION AFFECTING YOUR EMPLOYMENT. PROMPTLY CALL ANY ERROR TO THE ATTENTION OF YOUR SUPERVISOR OR YOUR PERSONNEL OFFICE.

I. Conditions Pertinent to All Types of Personnel Actions

The personnel action identified on the face of this form is subject to all applicable laws, rules and regulations governing Federal employment and may be subject to investigation and approval by the U.S. Office of Personnel Management. The action may be corrected or canceled if not in accordance with all legal requirements, or if based upon your misrepresentation or fraud.

In addition, the grade of the position to which you are officially assigned may be reviewed and corrected by your agency personnel office, or by the U.S. Office of Personnel Management.

Items 8 and 9 show common types of payroll deductions: "FEGLI" for Federal Employees Group Life Insurance, "CS" for Civil Service Retirement, "FICA" for Social Security, and "FS" for Foreign Service. Additional deductions may be made under the Federal Employees Health Benefits Program, and for income taxes, bonds, and other purposes authorized by law.

II. Information About Appointments

Appointments to positions in the competitive service: The Civil Service Act places most positions in the "competitive service." The U.S. Office of Personnel Management sets qualification requirements and controls recruitment for such positions. As a general rule, persons selected from civil service registers to fill continuing jobs in the competitive service are given career-conditional appointments. Such appointments are secured through direct competition with other members of the general public seeking similar work in Government agencies, and permit qualified employees to be assigned without further competitive examination to other jobs in the competitive service. Career-conditional appointments become career appointments upon completion of 3 years of substantially continuous creditable service.

The first year following a nontemporary competitive appointment generally is a probationary period during which an appointee must demonstrate full competence and fitness for Federal employment. Reinstatements are also subject to a probationary period unless one was previously completed. Transfers, promotions, changes to lower grade, and reassignments during a probationary period are subject to completion of probation.

Temporary appointments do not confer a civil service status and do not lead to a career or career-conditional appointment without some further examination or qualification. Limited temporary appointments are made when there is no continuing need for a person's service, regardless of the manner in which he or she qualified for appointment; acceptance of such appointment will not remove a person's name from a civil service register on which he or she may later be reached for career-conditional appointment.

Appointments to positions in the excepted service. Excepted appointments are made to positions which are excepted from the competitive service by law or other special authority. Generally the employing agency sets qualification requirements and conducts recruitment for such positions. Such appointments do not confer a competitive civil service status or eligibility for movement to jobs in the competitive service; they may be made without restrictions on tenure, with a conditional or indefinite limitation, or with a definite time limitation. A trial period may be required at the discretion of the employing office.

Appointment to positions in the Senior Executive Service (SES). SES appointments are made to executive positions with managerial, supervisory, or policy functions. Initial SES career appointments are obtained through competition with other civil service employees, or civil service employees and members of the general public. The first year of an initial SES career appointment is a probationary period, during which the appointee must demonstrate full competence and fitness for such employment.

SES noncareer and limited appointments do not confer competitive civil service status or lead to SES career appointments.

III. Information About Tenure Groups

Employees are ranked in tenure groups according to the nature of their appointment: those with unrestricted tenure are placed in Group 1; those serving under conditional appointments which automatically lead to full tenure after a prescribed time and without further qualification are placed in Group 2; and those serving under temporary or indefinite appointments not limited to an exact time or date are placed in Group 3. Within each tenure group, ranking is determined by veteran preference, performance rating, and total Federal service. If it should become necessary to reduce force, employees are selected for separation or change to lower grade according to the general ranking. Employees serving under competitive appointments and those serving under excepted appointments are ranked separately for reduction in force purposes.

Tenure group as used for reduction in force purposes does not apply to the Senior Executive Service. Code 0 may be shown in the tenure group for these employees.

IV. Information About Your Status After Separation

If you are separated or placed in a nonpay status for an extended period, your employing agency will furnish you with Standard Form 8 explaining your rights for unemployment insurance benefits. If you were covered by the Civil Service Retirement System or Federal Employees Group Life Insurance, you have previously been furnished certificates describing these programs. Such certificates have information regarding your rights and possible benefits after separation.

If you are separated from a career or career-conditional appointment, you may have reinstatement eligibility and may apply directly to any Federal activity and may be employed without further competitive examination. If you are a nonveteran and you are separated from a career-conditional appointment your eligibility for reinstatement is generally limited to 3 years from the date of separation. If you are separated from a temporary or excepted appointment you have no reinstatement privileges based upon such service.

If you are separated from an SES career appointment, you may have reinstatement eligibility to the SES. You should apply directly to any Federal activity. If you are separated from an SES noncareer or limited appointment, you have no reinstatement privileges based upon such service.

You will be given any lump sum payment that may be due you for annual leave at the time of separation. Refund of an appropriate portion of this payment will be required if you are reemployed in a Federal agency in a position under the same leave system during the period covered by such payment.

V. Availability of Further Information

Consult your supervisor if you have questions about the above statements or the entries on the front of this form, or about other matters concerning your employment. This is particularly important on questions involving granting of leave, assignment of duties, and hours of work which are generally under the supervisor's control. If your questions are technical, your supervisor may refer you to your personnel office, which will have copies of controlling civil service regulations, as well as your individual records, and so can best explain how they apply in your case.

*U.S. GOVERNMENT PRINTING OFFICE: 1984-445-501